

# 59<sup>th</sup> Medical Wing

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**U.S. AIR FORCE**

## 59 MDW Urology Product Line Analysis Clinic Input

Information Brief

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Date: 26 August 2004

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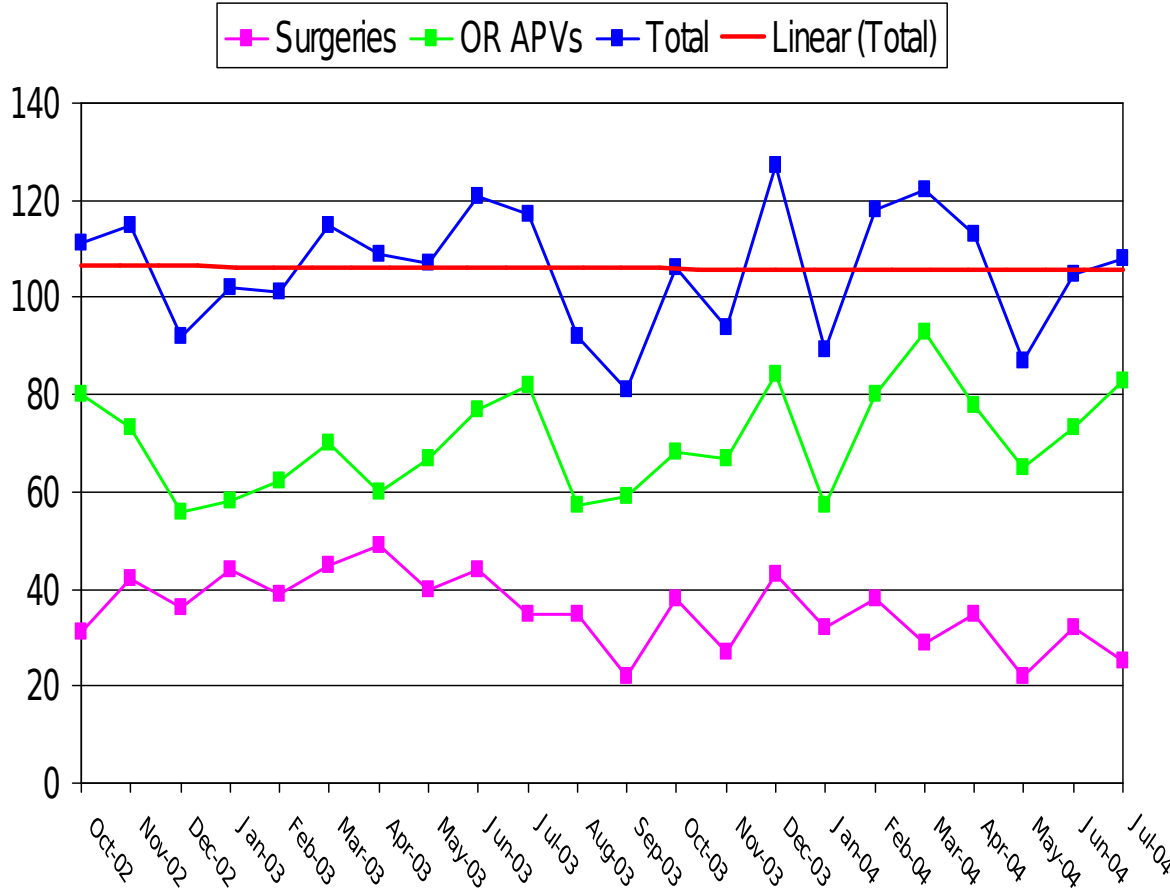
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# Overview

- Update from Step 1 meeting
- Current/Future Problem Areas
- Initial Clinic Business Rules
- CAMO Interface Concerns
- Support Requirements from 59 MDW/SA-MM

# Urology

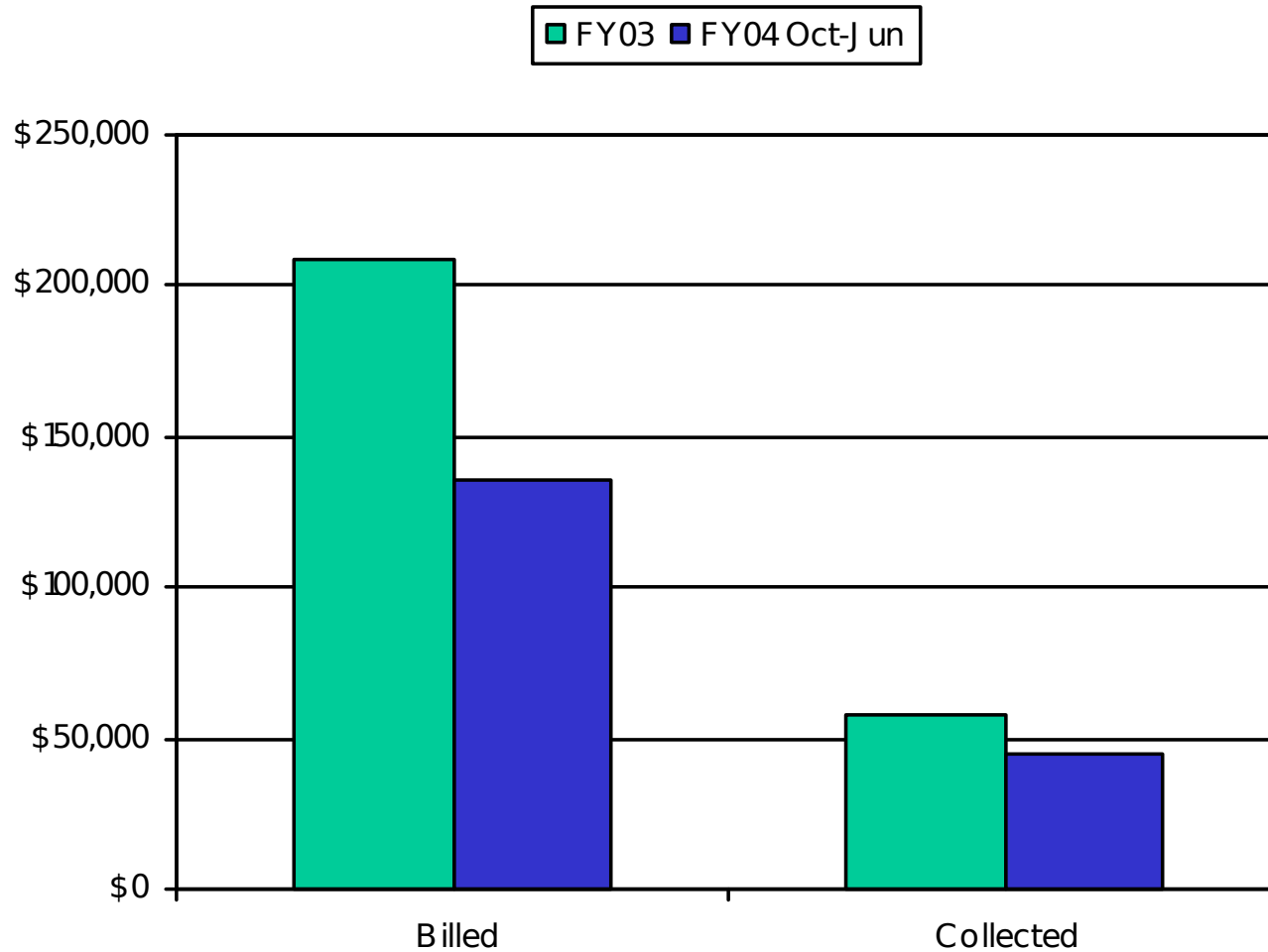
## Surgeries and OR/APVs Oct 02-Jun 04



- Avg # Surgeries/mo
  - FY03: 38.5
  - FY04: 32.1
- Avg # OR/APVs/mo
  - FY03: 66.75
  - FY04: 74.8
- Avg \$ Total OR Cases/mo
  - FY03: 105.3
  - FY04: 106.9

- Overall, the number of urology surgical cases has remained steady since Oct 02 even with fewer physicians
  - Avg #/mo increased 2%

# Urology Dept. Billing



# Urology Issues

- **Provider Staff:** Inadequate number (from 7 to 4+)
- **Support staff:**
  - Short 2 Urology Techs, losing a 3rd and possibly a 4th in 2 months
  - Tech school recently closed unexpectedly
  - Admin support: more 4As needed maximize productivity
  - 1 RN inadequate: Telephone triage, pre op teaching and post op care
  - MAPPG 06 earned 1 nurse, 2 urology techs, and 2 admin techs
    - Actually received: none
  - Not included in SCO – I believe we should have been included
- Overall Impact - possible loss of patients to local sector decreased billings/collections

# Areas of Concern

## Current/Future Problem Areas

- Space
  - Only 5 dedicated exam rooms for staff doctors
    - Not enough room for 3 staff doctors to see clinic and be efficient
  - Peds has moved downstairs to cover staff shortages
    - Waiting area shared with General surgery (GS) and not large enough
    - Created secondary waiting area / lost equipment storage
  - Vacated staff office used for equipment storage is being loaned to GS for MD office
    - Need equipment storage room

# Current/Future Problem Areas

- No current problems with Urology consult process
  - CAMO leaving inadequate appt. messages (HIPAA?)
- No problems with seeing all WH-enrolled Prime patients
  - “we see everyone with a urologic problem”
- Adequate GME cases with current mix of Prime and Non-Prime patients
  - OR reductions may effect us in near future
- Possible future problems:
  - “Medicare” documentation and supervision “rules”
  - Need official DoD guidance on interpretation of CMS rules – adopt VA rules?

# Urology Clinic Business Rules

## ***FOCUS AREAS***

- **Access**
  - For new and f/u patients
- **Consult management**
  - “right patient / right doctor”
- **Billing / Collection**
  - Documentation / coding



# Initial Clinic Business Rules

## ***ACCESS***

- Manage Clinic Schedule
  - Balance didactic schedule with need for clinic appts
    - If demand exceeds number of available appts, adjust schedule/templates real-time
    - Ensure staff : resident supervision ratio satisfies RRC requirements
  - Establish more “group” clinics
    - Already in-place for ED and vasectomy
    - Add prostate screening and ED mass briefings set for October
  - Flight CC reviews ALL schedules prior to publishing
    - Establish minimum clinic numbers for staff/residents
    - No changes allowed without flight CC approval
    - Load schedules 4-6 weeks ahead
- Measure / Track demand for planning future schedules

# Initial Clinic Business Rules

## ***CONSULT MGMT***

- Re-evaluate clinic process for seeing AD, Prime, routine vs non-routine pts
  - Educate staff/residents on process
  - Advertise process to referring clinics/providers
- Appropriate personnel reviews ALL consults
  - Must FIRST screen each routine priority consult for eligibility
- Flight CC/NCOIC will actively manage “access to care” for new consults
  - Check “next available” appt for each appt type
- Monitor completion of consult documentation
  - Area in need of improvement

# Initial Clinic Business Rules

## ***CODING***

- Continuing education for all providers on documentation requirements
  - Decrease intermittent “inattention” by providers
- Revise 600’s further to assist providers in satisfying documentation requirements
- Ensure billing form is filled out at initial visit-important!
- Re-evaluate record flow process to ensure all records are coded in a timely fashion
  - Staff providers review / sign all resident notes
  - Monitor % of records coded; goal > 95% w/i 72 hours
  - Regularly monitor with coding audits
- Increase interactions with the coder and provide urologic CE for the coder

# CAMO Interface

- Urology was chosen as one of the initial trial clinics for CAMO implementation.
- CAMO working well - minor problems solved at lowest level
- Changing the message left on answering machines to include what clinic the appointment is in, would save patient frustration and clinic man-hours.

# Support Requirements

- Identify what you need from either 59 MDW or the SA-MM to be successful
  - With more manpower and space the Urology Flight will be more efficient and profitable.
  - Urology needs: 1 admin tech - 2 urology techs -1 Nurse - 1PA – 2 Staff Docs
  - If professional staff is increased appropriate office space will be needed
  - Need equipment storage room



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